

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES 1 1	
2. AMENDMENT/MODIFICATION NO. 0008		3. EFFECTIVE DATE 06/27/2000		4. REQUISITION/PURCHASE REQ. NO. M-0-M1-BV-00-J01		5. PROJECT NO. (If applicable)	
6. ISSUED BY Internal Revenue Service Constellation Centre 6009 Oxon Hill Road Oxon Hill, MD 20745 Beverly J. Cox		CODE 20745003		7. ADMINISTERED BY (If other than Item 6) 		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP code) *TO ALL OFFERORS* * * * DC 00000				Vendor ID: 00049740		(X) X	
				9A. AMENDMENT OF SOLICITATION NO. TIRNO-00-R-00006			
				9B. DATED (SEE ITEM 11) 04/14/2000			
				10A. MODIFICATION OF CONTRACT/ORDER NO.			
				10B. DATED (SEE ITEM 13)			
CODE				FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14. PURSUANT TO THE AUTHORITY OF FAR 43.103(b). C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible).							
The purpose of this amendment is to issue Attachments C which was not included on the website.							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		15B. UNITED STATES OF AMERICA		15C. DATE SIGNED	
(Signature of person authorized to sign)				BY		(Signature of Contracting Officer)	

ATTACHMENT C

Department of the Treasury Small, HUBZone Small, Small Disadvantaged and Women-Owned Small Business Subcontracting Plan Outline

**DEPARTMENT OF THE TREASURY
SMALL, HUBZone SMALL, SMALL DISADVANTAGED AND
WOMEN-OWNED SMALL BUSINESS
SUBCONTRACTING PLAN OUTLINE**

The following outline meets the minimum requirements of Public Law 95-507 and the Federal Acquisition Regulation (FAR) Subparts 19.7. It is intended to be a guideline. It is not intended to replace any existing corporate plan which is more extensive. If assistance is needed to locate small business sources, contact the Director, Office of Small Business Programs (202) 622-0530 or the bureau Small Business Specialist, Ms. Jodie Paustian, (202) 283-1350. Please note that the Department of the Treasury has subcontracting goals of 41% for small business, 1 % for HUBZONE small business, 5 % for small disadvantaged business, and 5 % for women-owned small business concerns for fiscal year 2000. For this procurement, the Department of the Treasury expects all proposed subcontracting plans to contain the following goals, at a minimum, for small business 41%, for HUBZONE small business concerns 1 %, for small disadvantaged business 5 %, and for women-owned small business 5 %. These percentages shall be expressed as percentages of the total available subcontracting dollars.

Identification Data:

Company Name: _____

Address: _____

Date Prepared: _____ Solicitation Number: _____

Item/Service: _____

Place of Performance: _____

1. TYPE OF PLAN: (Check only one).

_____ INDIVIDUAL PLAN: *In this type of plan all elements are developed specifically for this contract and are applicable for the full term of this contract.*

_____ MASTER PLAN: *In this type of plan, goals are developed for this contract; all other elements are standard. The master plan must be approved every three (3) years. Once incorporated into a contract with specific goals, it is valid for the life of the contract.*

_____ COMMERCIAL PLAN: *This type of plan is used when the Contractor sells products and services customarily used for nonGovernment purposes. Plan/goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts. The plan is effective only during year approved. The Contractor must provide a copy of the initial agency approval, AND MUST SUBMIT AN ANNUAL SF 295 TO TREASURY WITH A BREAKOUT OF SUBCONTRACTING PRORATED FOR TREASURY (WITH A BUREAU BREAKDOWN, IF POSSIBLE).*

2. GOALS:

FAR 19.704(a)(1) requires separate dollar and percentage goals for using small business concerns, HUBZone small business concerns, small disadvantaged business concerns, and women-owned small business concerns as subcontractors for the base year and each option year. (Please note that the goals for HUBZONE small business, small disadvantaged business, and women-owned business concerns are sub-sets of the small business goal).

- A. Estimated dollar value of all planned subcontracting, i.e., to all types of business concerns under this contract is:

FY_____	FY_____	FY_____	FY_____	FY_____
<u>BASE</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- B. Estimated dollar value* and percentage of planned subcontracting to small business concerns is: (*This figure includes the amount in C., D., and E. below.)

FY_____	FY_____	FY_____	FY_____	FY_____
<u>BASE</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- C. Estimated dollar value and percentage of planned subcontracting to HUBZone small business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
<u>BASE</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- D. Estimated dollar value and percentage of planned subcontracting to small disadvantaged business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
<u>BASE</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- E. Estimated dollar value and percentage of planned subcontracting to small women-owned business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
<u>BASE</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- I. If indirect and overhead costs HAVE BEEN included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, HUBZone small, small disadvantaged, and women-owned business concerns.

3. PLAN ADMINISTRATOR:

FAR 19.704(a)(7) requires information about the company employee who will administer the subcontracting program. Please provide the name, title, address, phone number, position within the corporate structure and the duties of that employee.

Name:
Title: _____
Address:
Telephone:
Position:

Duties: Does the individual named above perform the following? (If NO is checked, please indicate who in the company performs those duties, or indicate why the duties are not performed in your company).

- A. Developing and promoting company/division policy statements that demonstrate the company's/division's support for awarding contracts and subcontracts to small, HUBZone small, small disadvantaged, and women-owned small business concerns.
_____ YES _____ NO
- B. Developing and maintaining bidders' lists of small, HUBZone small, small disadvantaged, and women-owned small business concerns from all possible sources.
_____ YES _____ NO
- C. Ensuring periodic rotation of potential subcontractors on bidders' lists.

_____YES

_____NO

- D. Assuring that small, HUBZone small, small disadvantaged, and women-owned small businesses are included on the bidders' list for every subcontract solicitation for products and services they are capable of providing.

_____YES

_____NO

- E. Ensuring that subcontract procurement "packages" are designed to permit the maximum possible participation of small, HUBZone small, small disadvantaged, and women-owned small businesses.
_____YES _____NO
- F. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HUBZone small, small disadvantaged, and women-owned small business participation.
_____YES _____NO
- G. Ensuring that the subcontract bid proposal review board documents its reasons for not selecting any low bids submitted by small, HUBZone small, small disadvantaged, and women-owned small business concerns.
_____YES _____NO
- H. Overseeing the establishment and maintenance of contract and subcontract award records.
_____YES _____NO
- I. Attending or arranging for the attendance of company counsebrs at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
_____YES _____NO
- J. Directly or indirectly counseling small, HUBZone small, small disadvantaged, and women-owned small business concerns on subcontracting opportunities and how to prepare responsive bids to the company.
_____YES _____NO
- K. Providing notice to subcontractors concerning penalties for misrepresentations of business status as small, HUBZone small, small disadvantaged, or women-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the Contractor's subcontracting plan.
_____YES _____NO
- L. Conducting or arranging training for purchasing personnel regarding the intent and impact of Public Law 95-907 on purchasing procedures.
_____YES _____NO
- M. Developing and maintaining an incentive program for buyers which supports the subcontracting program.
_____YES _____NO

- N. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals.

_____YES _____NO

- O. Preparing and submitting timely reports.

_____YES _____NO

- P. Coordinating the company's activities during compliance reviews by Federal agencies.

_____YES _____NO

4. EQUITABLE OPPORTUNITY

FAR 19.704(a)(8) requires a description of the efforts your company will make to ensure that small, HUBZone small, small disadvantaged, and women-owned small business concerns will have an equitable opportunity to compete for subcontracts. (Check all that apply.)

- A. Outreach efforts to obtain sources:

___ Contacting minority and small business trade associations
___ Contacting business development organizations
___ Attending small and minority business procurement conferences and trade fairs
___ Finding sources from the Small Business Administration's Procurement Network (ProNet)

- B. Internal efforts to guide and encourage purchasing personnel:

___ Presenting workshops, seminars and training programs
___ Establishing, maintaining and using small, HUBZone small, small disadvantaged and women-owned small business source lists, guides and other data for soliciting subcontracts
___ Monitoring activities to evaluate compliance with the _____ subcontracting plan

- C. Additional efforts: (Please describe.)

5. CLAUSE INCLUSION AND FLOW DOWN

FAR 19.704(a)(9) requires that your company include FAR 52.219-8, "Utilization of Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. Your company must require all subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) to adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan."

Your company agrees that the clause will be included and that the plans will be reviewed against the minimum requirements for such plans. The acceptability of percentage goals for small, HUBZone small, small disadvantaged, and women-owned small business concerns must be determined on a case-by-case basis depending on the supplies and services involved, the availability of potential small, HUBZone small, small disadvantaged, and small women-owned subcontractors and prior experience. Once the plans are negotiated, approved, and implemented, the plans must be monitored through the submission of periodic reports, including Standard Form (SF) 294 and SF 295 reports.

6. REPORTING AND COOPERATION

FAR 19.704(a)(10) requires that your company (1) cooperate in any studies or surveys as may be required, (2) submit periodic reports which show compliance with the subcontracting plan; (3) submit Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and SF 295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensure that subcontractors agree to submit SF 294 and SF 295. The cognizant contracting officer of the Treasury bureau must receive the report(s) within 30 days after the close of each calendar period. That is:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To</u>
10/01--03/31	SF 294	04/30	bureau contracting officer
04/01--09/30	SF 294	10/30	bureau contracting officer
10/01--09/30	SF 295	10/30	bureau contracting officer

NOTE: A copy of the 295 report must also be sent to the Director, Office of Small Business Development, Department of the Treasury. The address is as follows:

Department of the Treasury
 Attn: Director, Office of Small Business Development
 1500 Pennsylvania Avenue, N.W.
 (Attn: 1310 G/400 West)
 Washington, DC 20220

7. RECORDKEEPING

FAR 19.704(a)(11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. (Check all that apply.) (If NO is checked, please indicate why these types of records are not maintained).

- A. Small, HUBZone small, small disadvantaged, and women-owned small business concern source lists, guides, and other data identifying such vendors.
_____YES _____NO
- B. Organizations contacted for small, HUBZone small, small disadvantaged, and women-owned business sources.
_____YES _____NO
- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for each solicitation (1) whether small business concerns were solicited, and if not, why not; (2) whether HUBZone small business concerns were solicited, and if not, why not; (3) whether small disadvantaged business concerns were solicited, and if not, why not; (4) whether women-owned small business concerns were solicited, and (5) reasons for the failure of solicited small, HUBZone small, small disadvantaged, and women-owned business concerns to receive the subcontract award.
_____YES _____NO
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conference and trade fairs.
_____YES _____NO
- E. Records to support internal activities to (1) guide and encourage purchasing personnel, e.g., workshops, seminars, training programs, incentive awards; and (2) monitor activities to evaluate compliance.
_____YES _____NO
- F. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size and ownership status (HUBZone, SDB, WOB, etc.) of each subcontractor. (This item is not required for company or division-wide commercial plans.)
_____YES _____NO
- G. Other records to support your compliance with the subcontracting plan: (Please describe)

8. TIMELY PAYMENTS TO SUBCONTRACTORS

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small business concerns, HUBZone small business concerns, small disadvantaged business concerns, and women-owned small business concerns.

Your company has established and uses such procedures:

_____ YES

_____ NO

9. DESCRIPTION OF GOOD FAITH EFFORT

*Maximum practicable utilization of small, HUBZone small, small disadvantaged and women-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a Contractor fails to make a good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d)(4)(F) directs that liquidated damages shall be paid by the Contractor. In order to demonstrate your compliance with a good faith effort to achieve the small, HUBZone small, small disadvantaged, and women-owned small business subcontracting goals, **outline the steps your company plans to take.** These steps will be negotiated with the contracting officer prior to approval of the plan.*

10. SIGNATURES REQUIRED

This subcontracting plan was SUBMITTED by:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer _____
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Specialist _____
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Administration Representative _____
Date: _____

This subcontracting plan was APPROVED by:

Signature: _____
Typed Name: _____
Title: Director, Office of Small Business Programs (or designee) _____
Date: _____

This subcontracting plan was ACCEPTED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer _____
Date: _____